5/98

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Application Forms *for Air Pollution Control Permits/Certificates, and Operating Permits*

Pursuant to N.J.A.C. 7:27-8 and -22

Contents

AIMS-001

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Application Forms For Air Pollution Control Permits/Certificates, and Operating Permits

The enclosed forms are to be used as an alternative to filing an electronic application for Air Pollution Control Permits/Certificates, and Operating Permits utilizing the Department's RADIUS software.

These sheets are provided for your use and may be copied and retained for any future submittals. It is suggested that you maintain the entire set of forms and copy sheets as needed. For your information the package contains the following forms:

AIMS-001A

New Jersey Department of Environmental Protection
Air Quality Permitting Program

APPLICATION FORMS FOR AIR POLLUTION CONTROL PERMITS/CERTIFICATES, AND OPERATING PERMITS

PURSUANT TO N.J.A.C. 7:27-8 AND 22

APPLICATION CATEGORY*:

Operating Permit Application Categories	**or**	**Pre-Construction Application Categories**
☐ Initial Permit		☐ Initial Permit
☐ Permit Amendment		☐ Permit Modification
☐ Permit Modification (Minor)		☐ Permit 7-Day Notice
☐ Permit Modification (Significant)		☐ Permit Compliance Plan Change
☐ Permit 7-Day Notice		☐ Permit Amendment

DESIGNATION OF APPLICATION: _____

FACILITY ID: _____

FACILITY NAME:

_____

FOR DEPARTMENT USE ONLY	**Activity No.:** -

PERMIT MODIFICATION PAGE

Activity Number to be Modified: _____

Description of Modification: _____

FACILITY PROFILE, GENERAL INFORMATION: LOCATION AND INDUSTRY

Facility ID: _____
Facility Name: _____ -

Street Address

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
State: ____ **Zip:** _____

State Plane Coordinates

X - Coordinate: _____
Y - Coordinate: _____
Coordinate Units: _____

Coordinate Datum: _____
Coordinate Source Org.: _____
Coordinate Source Type: _____

Mailing Address ☐ **Same as Street Address above (copy)**

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
City: _____ **State:** ____ **Zip:** _____

County: _____

Location Description

Industry Information

Primary SIC: _____
Secondary SIC: _____

AIMS-001C

FACILITY PROFILE, GENERAL INFORMATION: CONTACT

Facility ID: _____
Facility Name): _____

Contact Type[1]: _____

Name:		Organization:	
Title:		Org. Type:	
Phone:	( ) -	NJ EIN:	
Fax:	( ) -	Mailing Address:	
Other:	( ) -	Address Line 2:	
Type:		Address Line 3:	
E-mail:		City:	State: Zip: -

What type of contact is the contact you specified above (check all appropriate contact types)[2]?

☐ Accountant	☐ Developer	☐ On-Site Manager
☐ Bureau of Air Quality Engineering (BAQEng) Contact	☐ Emergency Responder	☐ Operator
☐ Bureau of Air Quality Evaluation (BAQEval) Contact	☐ Environmental Officer	☐ Owner (Current Primary)
☐ Bureau of Air Quality Planning (BAQP) Contact	☐ EPA Official	☐ Owner (Current Co - 1)
☐ Bureau of Operating Permits (BOP) Contact	☐ Fee/Billing Contact	☐ Owner (Current Co - 2)
☐ Bureau of New Source Review (BNSR) Contact	☐ General Contact	☐ Owner (Former)
☐ Bureau of Technical Services (BTS) Contact	☐ Interested Party	☐ Potential Buyer
☐ Consultant	☐ Legal Counsel	☐ Registered Agent
☐ Contractor	☐ Lender	☐ Regulation Officer
☐ County Government. Official	☐ Local Elected Official	☐ Responsible Officer

[1] Select one of the contact types specified on the bottom half of this form.
[2] Although you may submit multiple copies of this form for different contacts (differently named people), you may not designate more than one person as the same type of contact. Hence, you may check only those contact type checkboxes you have not already checked on a copy of this form for a different contact.

FACILITY PROFILE, PERMITTING INFORMATION

Facility ID: _____
Facility Name: _____

1.	Is this facility classified as a small business by the US EPA?	☐ Yes	☐ No
2.	Is this facility subject to N.J.A.C. 7:27-22?	☐ Yes	☐ No
3.	Are you voluntarily subjecting this facility to the requirements of Subchapter 22?	☐ Yes	☐ No
4.	Has a copy of this application been sent to the US EPA?	☐ Yes	☐ No
5.	If not, has the US EPA waived the requirement?	☐ Yes	☐ No
6.	Are you claiming any portion of this application to be confidential?	☐ Yes	☐ No
7.	Have you provided, or are you planning to provide air contaminant modeling?	☐ Yes	☐ No

If you checked "Yes" in response to question number 7, please fill out the table below to indicate the air contaminants for which you have provided or are planning to provide modeling[1].

Air Contaminant Modeled	
Name	**Chemical Abstracts Service (CAS) Number**

[1] If you run out of rows, please use the Facility Profile, Permitting Information: Air Contaminant Modeling Supplement form (AIMS-001) to report the remainder of the air contaminants.

FACILITY PROFILE, PERMITTING INFORMATION: AIR CONTAMINANT MODELING SUPPLEMENT

Facility ID: _____

Facility Name: _____

Air Contaminant Modeled	
Name	**Chemical Abstracts Service (CAS) Number**

NON-SOURCE FUGITIVE ACTIVITY INVENTORY

Facility ID: _____

Facility Name: _____

FG NJID	Description of Activity Causing Emission	Location	Reasonable Estimate of Emissions (Tons/Year) [1]								
			VOC (Total)	NO_x (Total)	CO	SO_2	TSP	PM_{10} (Total)	Pb	HAP (Total)	Other (Total)
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG											
FG 0 (Total):											

[1] Reporting the estimated emissions for each individual activity causing non-source fugitive emissions is optional. However, reporting the total estimated emissions for each air contaminant for the collection of all activities at the facility causing non-source fugitive emissions is required.

INSIGNIFICANT SOURCE EMISSIONS

Facility ID: _____
Facility Name: _____

IS NJID	Source/Source Group Description	Equipment Type	Location	Estimate of Emissions (Tons/Year) [1]								
				VOC (Total)	NO_x (Total)	CO	SO_2	TSP	PM_{10} (Total)	Pb	HAP (Total)	Other (Total)
IS												
IS												
IS												
IS												
IS												
IS												
IS												
IS												
IS												
IS 0 (Total):												

[1] Reporting the estimated emissions for each individual insignificant source causing is optional. However, reporting the total estimated emissions for each air contaminant for the collection of all insignificant sources at the facility is required.

EQUIPMENT INVENTORY

Facility ID: _____

Facility Name: _____

Equipment NJID	Facility's Designation	Equipment Description	Equipment Type	Permit Certificate Number[1]	Install. Date	Grand-fathered? (Y/N)[2]	Last Mod.Date (Since 1968)[3]	Eqip Set ID
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES
E								ES

[1] If appropriate, report the historic certificate number. Otherwise, report the most recent permit activity in which the piece of equipment is contained.
[2] Only report the grandfathered status if the piece of equipment is not currently in a permit and was installed prior to 1968.
[3] For modifications taking place after 1968, report the last date that this piece of equipment was modified to an extent requiring a permit change under the provisions of Subchapter 8.

CONTROL DEVICE INVENTORY

Facility ID: _____

Facility Name: _____ -

CD NJID	Facility's Designation	CD Description	CD Type	Install. Date [1]	Grandfathered? (Y/N)[2]	Last Mod. Date (Since 1968)[3]	CD Set ID
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS
CD							CS

[1] Only report the date of installation if the control device is not currently defined in a permit.
[2] Only report the grandfathered status if the control device is not currently defined in a permit and was installed prior to 1968.
[3] For modifications taking place after 1968, report the last date that the control device was modified to an extent requiring a permit change under the provisions of Subchapter 8.

EMISSION POINT INVENTORY

Facility ID: _____

Facility Name: _____

PT NJID	Facility's Designation	PT Description
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		
PT		

EMISSION POINT INVENTORY

(CONTINUED FROM PREVIOUS PAGE)

Facility ID: _____

Facility Name: _____ -

PT NJID	Configuration	Equiv. Diam. (in)	Height (ft)	Dist. to Prop. Line (ft)	Exhaust Temp. [1] (°F) Min.	Avg.	Max.	Exhaust Vol. [2] (acfm) Min.	Avg.	Max.	Discharge Direction[3]	PT Set ID
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS
PT												PS

[1] List steady-state conditions
[2] List steady-state conditions
[3] U = Up, D = Down, H = Horizontal

EMISSION UNIT INVENTORY

(USE ONLY FOR EMISSION UNITS)

Facility ID: _____

Facility Name: _____

Type _X_ **U** __ **BP**

U NJID	Facility's Designation	U Description
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		
U		

EMISSION UNIT:
OPERATING SCENARIO
(USE ONLY FOR EMISSION UNITS)

Facility ID: _____
Facility Name: _____

Type _X_ **U** __ **BP**

New Jersey Emission Unit ID: U _____

UOS NJID	Facility's Designation	UOS Description	Operation Type
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			

EMISSION UNIT:
OPERATING SCENARIO
(USE ONLY FOR EMISSION UNITS)
(CONTINUED FROM PREVIOUS PAGE)

Facility ID: _____
Facility Name: _____ -

Type _X_ **U** __ **BP**

New Jersey Emission Unit ID: U_____

UOS NJID	Significant Equipment	Control Device ID #	Control Device P/S/T[1]	Emission Point	Source Class. Code (SCC)	Run Time (hrs/year) Min.	Run Time (hrs/year) Max.	VOC Range	Flow Rate (acfm) Min.	Flow Rate (acfm) Max.	Temp (°F) Min.	Temp (°F) Max.
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								
OS	E	CD		PT								

[1] Indicate whether the device is the primary (P), secondary (S), or tertiary (T) control.

BATCH PROCESS INVENTORY

(USE ONLY FOR BATCH PROCESS)

Facility ID: _____

Facility Name: _____ -

Type ___ U _X BP

BP NJID	Facility's Designation	BP Description
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		
BP		

BATCH PROCESS
OPERATING SCENARIO INVENTORY
(USE ONLY FOR BATCH PROCESS)

Facility ID: _____
Facility Name: _____

Type __ U _X BP

NJID/Facility's Designation: BP
Description: _____

BPOS NJID	Facility's Designation	BPOS Description	BPOS Type
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			
OS			

BATCH PROCESS:
OPERATING SCENARIO STEP
(USE ONLY FOR BATCH PROCESS)

Facility ID: _____

Facility Name: _____

Type __ U _X BP

	NJID/Facility's Designation	Description
BP:	**BP**	
BPOS:	**BPOS**	

Step NJID	Facility's Designation of	Step Description	Operation Type
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			
ST			

BATCH PROCESS:
OPERATING SCENARIO STEP
(USE ONLY FOR BATCH PROCESS)
(CONTINUED FROM PREVIOUS PAGE)

Facility ID: _____

Facility Name: _____ -

Type __ U _X BP

	NJID/Facility's Designation	Description
BP:	**BP**	
BPOS:	**BPOS**	

Step NJID	Significant Equipment E or ES#	Control Device(s) CD or CS# P/S/T[1]		Emission Point PT or PS#	Source Classification Code (SCC)	Run Time (hrs) Min.	Run Time (hrs) Max.	VOC Range	Flow Rate (acfm) Min.	Flow Rate (acfm) Max.	Temp (°F) Min.	Temp (°F) Max.
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								
ST	E	C		P								

BPOS Run Time (hours) (Calculated)	Min.	Max.

[1] Indicate whether the device is the primary (P), secondary (S), or tertiary (T) control.

SUBJECT ITEM GROUP

Facility ID: _____

Facility Name: _____

Group NJID: _____

Facility's Designation: _____

Subject items in Group:

Subject Item Type	Subject Item ID		Operating Scenario ID		Step ID	
	NJID Number	Facility's Designation	NJID Number	Facility's Designation	NJID Number	Facility's Designation

For what reason(s) are you forming this group (check all that apply):

- ☐ Avoid being subject to the requirements of PSD.
- ☐ Avoid being subject to the requirements of emissions offsets.
- ☐ Avoid being subject to the requirements of any MACT standard.
- ☐ Other (explain):

Previous permit requirements (if any) with which you will be complying or which will no longer be applicable to you as a result of forming this group:

Operating circumstances under which you will use decreases in emissions from one or more of the subject items to offset increases in emissions from one or more of the other subjec items in the group:

POTENTIAL TO EMIT:

Facility ID: _____
Facility Name: _____

Subject Item Type[1]: ☐ FC ☐ U ☐ BP ☐ GR ☐ E ☐ FG ☐ IS

Subject Item NJID and Facility's Designation: _____

Operating Scenario NJID and facility's Designation: _____

Step NJID and Facility's Designation: _____

Air Contaminant Category/ CAS Number (HAPs)	Source Emissions				Units	Alternate Limit (Y/N)
	Fugitive	Before Controls	After Controls	Total		
CO						
VOC (Total)						
NO_x (Total)						
SO_2						
TSP						
PM_{10} (Total)						
Pb						
HAP (Total)						

[1] The Subject Item Type and ID Number, Operating Scenario ID Number, and Step ID Number you enter here should reflect a subject item for which you have reported emissions values on the Potential To Emit: Primary Air Contaminants form.

POTENTIAL TO EMIT:
SUPPLEMENTAL

Facility ID: _____

Facility Name: _____

Subject Item Type[1]: ☐ FC ☐ U ☐ BP ☐ GR ☐ E ☐ FG ☐ IS

Subject Item NJID and Facility's Designation: _____

Operating Scenario NJID and facility's Designation: _____

Step NJID and Facility's Designation: _____

Air Contaminant Category/ CAS Number (HAPs)	Source Emissions				Units	Alternate Limit (Y/N)
	Fugitive	Before Controls	After Controls	Total		

[1] The Subject Item Type and ID Number, Operating Scenario ID Number, and Step ID Number you enter here should reflect a subject item for which you have reported emissions values on the Potential To Emit: Primary Air Contaminants form.

COMPLIANCE PLAN

Facility ID: _____

Facility Name: _____

Requirements:[1]

Subject Item Type[2] _____ **Same As Subject Item:** _____

Subject Item NJID and Facility's Designation: _____ **Subject Item NJID:** _____

Operating Scenario NJID and Facility's Designation: _____ **Operating Scenario NJID:** _____

Step NJID and Facility's Designation _____ **Step NJID:** _____

Applicable Requirement	Monitoring Requirement[3]			Record-keeping Requirement[3]		Submittal or Action Reqt.[3]		Compliance Status[3]	Comments
	C Code	D Code	I Code	G Code	D Code	J Code	F Code	E Code	

[1] If the full set of requirements for the subject item you specified at the top of this form are exactly the "Same As" the requirements you listed for another subject item (including your current compliance status with the requirement), indicate the reference subject item.

[2] Choose from: FC, U, BP, GR, E, FG, CD, PT, or IS.

[33] You may refer to Appendix F in the AQPP "Instructions for: Air Pollution Control Permits/Certificates, and Operating Permits" for a list of valid compliance codes and compliance status codes.

COMPLIANCE PLAN

CERTIFICATION

Facility ID: _____

Facility Name: _____

Responsible Official:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Name: _____ **Signature:** _____ **Date:** / /

Individuals with Direct Knowledge:

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Name: _____ **Signature:** _____ **Date:** / /

Section Being Certified: _____

Name: _____ **Signature:** _____ **Date:** / /

Section Being Certified: _____

Name: _____ **Signature:** _____ **Date:** / /

Section Being Certified: _____

Name: _____ **Signature:** _____ **Date:** / /

Section Being Certified: _____

Part A: Page One

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1/1998

Return to: NJDEP
Air Quality Regulations
PO Box 027
Trenton, N.J. 08625
Attn: New Facility Group

FACILITY ID ASSIGNMENT FOR RADIUS SUBMITTAL
(Please Print)

Instructions: Please fill out parts A and B if the facility has not previously been assigned an ID. If a facility ID has been assigned and you are applying for a PIN Code, only fill out part B.

Facility Name_____
Street Address
:_____
Address Line
2:_____
Address Line
3:_____
City:
_____State:_____Zip:_____

Mailing Address:_____
Address Line 2:
_____
Address Line 3:
_____
City:
_____State:_____Zip:_____

County Location of Facility:_____
Location Description:_____
_____
_____

State Plane Coordinate (X):_____ State Plane Coordinate (Y):_____

Coordinate Unit: □ Feet □ Meters □ Deg-Min-Sec (DMS) □ Decimal Degrees □ Decimal Minutes □ Longitude/Latitude □ Other
(Please Check One)

Coordinate Datum:_____Coordinate Source Org:_____Coordinate Source Type:_____
Primary SIC:_____Secondary SIC:_____

Do Not Write Below This Line

For DEP Use Only

Facility ID Assigned:_____ Date ID Assigned:_____ Assigned by: _____
(Signature)

Part A: Page Two

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FACILITY ID ASSIGNMENT FOR RADIUS SUBMITTAL

(Please Print)

Contact Type: _____

Name: _____ Organization: _____
Title: _____ Org. Type:
_____
Phone: ( ) - NJ EIN:
_____
Fax: ( ) - Mailing Address:
_____
Other: ( ) - Address Line 2:
_____
Type: _____ Address Line 3:
_____
E-mail: _____ City: _____State:_____Zip:_____

What type of contact is the contact you specified above (check all appropriate contact types)?

□ Accountant
□ Bureau of Air Quality Engineering (BAQEng) Contact
□ Developer
□ Emergency Responder
□ On-Site Manager
□ Operator

- ☐ Bureau of Air Quality Evaluation (BAQEval) Contact
- ☐ Bureau of Air Quality Planning (BAQP) Contact
- ☐ Bureau of Operating Permits (BOP) Contact
- ☐ Bureau of New Source Review (BNSR) Contact
- ☐ Bureau of Technical Services (BTS) Contact
- ☐ Consultant
- ☐ Contractor
- ☐ County Government Official
- ☐ Environmental Officer
- ☐ EPA Official
- ☐ Fee/Billing Contact
- ☐ General Contact
- ☐ Interested Party
- ☐ Legal Counsel
- ☐ Lender
- ☐ Local Elected Official
- ☐ Owner (current Primary)
- ☐ Owner (current Co - 1)
- ☐ Owner (Current Co - 2)
- ☐ Owner (Former)
- ☐ Potential Buyer
- ☐ Registered Agent
- ☐ Regulation Officer
- ☐ Responsible Officer

Part B

AIMS - 099
1/1998

Return to: NJDEP
Air Quality Regulations
PO Box 027
Trenton, N.J. 08625
Attn: New Facility Group

PIN CODE ASSIGNMENT FOR RADIUS SUBMITTAL

(Please Print)

Facility ID:_____ (If known) Facility Name:_____

Street Address:_____

City:_____ State:_____

Zip:_____

Name of Person Requesting PIN Code:_____

Title:_____

Phone:_____

PIN Code Selected (Limited to (7) Alpha/Numeric Characters):_____

Is This Individual a Responsible Official?: Yes_____ No_____

Name of Person Requesting PIN Code:_____

Title:_____

Phone:_____

PIN Code Selected (Limited to (7) Alpha/Numeric Characters):_____

Is This Individual a Responsible Official?: Yes_____ No_____

Name of Person Requesting PIN Code:_____

Title:_____

Phone:_____

PIN Code Selected (Limited to (7) Alpha/Numeric Characters):_____

Is This Individual a Responsible Official?: Yes_____ No_____

Note: PIN Codes are kept confidential and will only be disclosed to the responsible official by written request. You should keep a copy of this form for your own records.

Do not write below this line

For DEP use only

Facility ID:_____ Date PIN assigned:_____ Assigned By:_____

(Signature)

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Control Device Inventory Information Forms (Detail Windows)

The enclosed forms are to be filed in conjunction with the AIMS-001 series of forms. The forms are to be used as an alternative to filing an electronic application for Air Pollution Control Permits/Certificates, and Operating Permits utilizing the Department's RADIUS software.

These sheets are provided for your use and may be copied and retained for any future submittals. It is suggested that you maintain the entire set of forms and copy sheets as needed. For your information the package contains the following forms:

Control Device Inventory Information
For:
All Control Devices

CD_____

Control Device Design Efficiency Table

Pollutant Category	Design Efficiency (%)
PM-10	
TSP	
VOC	
NOx	
SO2	
CO	
Pb	
HAPs (Total)	
Other (Total)	
Individual HAPs/Other (speciate below)	

Control Device Inventory Information
For:
Adsorber

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Adsorber Type:…… _____

Description:…… _____

Maximum Gas Flow Rate to Adsorber (acfm):…… _____

Maximum Temperature of Vapor Stream to Adsorber (deg F): _____

Minimum Temperature of Vapor Stream to Adsorber (deg F): _____

Minimum Moisture Content of Vapor Stream to Adsorber (%): _____

Type of Adsorbant:…… _____

Bed Height:…….. _____

Bed Length:…….. _____

Bed Width:…… _____

Units:…… _____

Other Bed Dimension:…….. _____

Value:…… _____

Units:…… _____

Minimum Pressure Drop Across Adsorber (In H20):……. _____

Maximum Pressure Drop Across Adsorber (In H20):……. _____

Total Weight of Adsorbant (lbs): _____

Control Device Inventory Information
For:
Adsorber
(Continued from previous page)

Total Weight of Adsorbant When Saturated (lbs):…….. _____

Maximum Adsorbant Capacity (lbs Adsorbate/lbs Adsorbant):…….. _____

Minimum Adsorbant Capacity (lbs Adsorbate/lbs Adsorbant):…….. _____

Set-up Type:…… _____

Method of Determining Breakthrough:

Continuous Emissions Monitor (CEM) _____

Replacement By Weight……. _____

Periodic Testing…….. _____

Sampling Frequency……. _____

Sampling Device……. _____

Other……. _____

Description:……. _____

Minimum Concentration at Breakthrough (ppmvd):…… _____

Handling Method of Saturated Adsorbant:…… _____

Method of Regeneration:…….. _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing? _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…….. _____

Control Device Inventory Information
For:
Adsorber
(Continued from previous page)

Have you attached a diagram showing the location and/or configuration of this control apparatus?…….. _____

Comments:…… _____

Control Device Inventory Information
For:
Biofilter

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Maximum Air Flow Rate to Biofilter (acfm):…….. _____

Maximum Temperature of Vapor Stream to Biofilter (deg. F): _____

Minimum Temperature of Vapor Stream to Biofilter (deg F): _____

Minimum Moisture Content of Vapor Stream to Biofilter (%):…… _____

Bed Composition:…… _____

Type of Adsorbate:…… _____

Bed Height:…… _____

Bed Length:…… _____

Bed Width:…… _____

Units:…… _____

Other Bed Dimension:…… _____

Value:…….. _____

Units:…… _____

Minimum Pressure Drop Across Biofilter (in. H20):…….. _____

Maximum Pressure Drop Across Biofilter (in. H20):…….. _____

Bed Activity (pH):…….. _____

Method Used to Maintain Bed Moisture: _____

Method Used to Maintain Bed Activity: _____

Control Device Inventory Information
For:
Biofilter
(Continued from previous page)

Method Used to Maintain Bed Temperature: _____

Method Used to Reactivate Biofilter Material:…… _____

Method Used to Determine When Biofilter Should Be Reactivated: _____

Method Used to Dispose of Biofilter Material:…… _____

Is the Biofilter Covered?…….. _____

Is the Biofilter Heated?…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…….. _____

Comments: …… _____

Control Device Inventory Information
For:
Condenser

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Condenser Type:…… _____

Type of Material of Which Shell Is Constructed:…….. _____

Type of Material of Which Tubes Are Constructed:…… _____

Minimum Gas Inlet Temperature (deg F): _____

Maximum Gas Inlet Temperature (deg F): _____

Heat Transfer (Contact) Surface Area (ft2):…… _____

Maximum Gas Flow (acfm):…… _____

Minimum Cooling Medium Flow Rate (gpm):……. _____

Maximum Cooling Medium Flow Rate (gpm):…… _____

Minimum Heat Removal Capacity (BTU/hr):…….. _____

Liquid to Gas Flow Ratio for Optimal Efficiency:…… _____

Minimum Cooling Medium Inlet Temperature (deg F): _____

Maximum Cooling Medium Inlet Temperature (deg F): _____

Minimum Cooling Medium Outlet Temperature (deg F): _____

Maximum Cooling Medium Outlet Temperature (deg F):…… _____

Control Device Inventory Information
For:
Condenser
(Continued from previous page)

Minimum Gas Outlet Temperature (deg F):…… _____

Maximum Gas Outlet Temperature (deg F):…… _____

Minimum Condensate Outlet Temperature (deg F):…… _____

Maximum Condensate Outlet Temperature (deg F):…… _____

Type of Cooling Medium:…… _____

Use of Condenser:…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing? _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Cyclone

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Unit Type:…… _____

Description:…… _____

Major Cylinder Diameter, Dc (ft): _____

Major Cylinder Length, Lc (ft): _____

Gas Outlet Diameter, De (ft): _____

Gas Inlet Height, He (ft):…… _____

Gas Inlet Width, Bc (ft):…… _____

Gas Outlet Length, Hc + Sc [usually 5/8 Dc] (ft):…….. _____

Cone Length, Zc (ft):…….. _____

Dust Outlet, Jc (ft):…… _____

Effective Number of Turns, Ne: _____

Inlet Gas Velocity, Vi (ft/min): _____

True Particle Density (lbs/ft3): _____

Average Particle Size (Micrometers): _____

Gas Temperature (deg F):…… _____

Have You Attached a Particle Size Distribution Analysis?…….. _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Control Device Inventory Information
For:
Cyclone
(Continued from previous page)

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Electrostatic Precipitator

CD_____

Make:..... _____

Manufacturer:..... _____

Model:..... _____

Unit Type:..... _____

Description:..... _____

Number of Stages:..... _____

Method of Operation:..... _____

Method of Cleaning:..... _____

Description:..... _____

Capacity (acfm):..... _____

Maximum Gas Velocity (ft/sec): _____

Type of Rectifier:..... _____

Maximum Inlet Gas Stream Moisture (%): _____

Maximum Inlet Gas Stream Temperature (deg F):..... _____

Number of Plates:..... _____

Number of Fields:..... _____

Aspect Ratio:..... _____

Plate Surface Area (ft2):..... _____

Spacing Between Plates (in): _____

Cross Sectional Area of Precipitator (ft2): _____

Treatment Time (sec.):..... _____

Maximum Corona Power (Volt): _____

Minimum Apparent Migration Velocity (ft/min):..... _____

Control Device Inventory Information
For:
Electrostatic Precipitator
(Continued from previous page)

Maximum Particle Resistivity (ohm-cm): _____

Average Particle Size (Micrometers): _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…….. _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Flare

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Type:…… _____

Minimum Residence Time (sec): _____

Maximum Rated Gross Heat Input (MMBtu/hr):…… _____

Auxiliary Fuel:…….. _____

Method of Pilot Flame Monitoring: _____

Monitoring Location:…….. _____

Automatic Gas Shutoff After Loss of Flame?…… _____

Automatic Reignition After Loss of Flame?…….. _____

Minimum Gas Flow Rate (acfm): _____

Minimum Operating Temperature (deg F): _____

Minimum Heat Content at Burner Tip (Btu/ft3):…… _____

Flare Operation Type:…….. _____

Does Flare have smokeless design? _____

Is Flare equipped with flame retainer? _____

Is Flare equipped with flame arrestor? _____

Is Flare equipped with LEL monitor? _____

Flare Stack Diameter (inches): _____

Lower Heat Content of source gas (BTU/scf):…… _____

Control Device Inventory Information
For:
Flare
(Continued from previous page)

Lower Heat Content of supplemental Fuel (BTU/scf):…… _____

Destruction and Removal Efficiency (%): _____

How was Efficiency determined? _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing? _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Other

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Maximum Air Flow Rate to Control Device (acfm):……. _____

Maximum Temperature of Vapor Stream to Control Device (deg F):…… _____

Minimum Temperature of Vapor Stream to Control Device (deg F):…… _____

Minimum Moisture Content of Vapor Stream to Control Device (%): _____

Minimum Pressure Drop Across Control Device (in. H20):…….. _____

Maximum Pressure Drop Across Control Device (in. H20):…….. _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Oxidizer (Catalytic)

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Minimum Inlet Temperature (deg F): _____

Maximum Inlet Temperature (deg F): _____

Minimum Outlet Temperature (deg F): _____

Maximum Outlet Temperature (deg F): _____

Minimum Residence Time (sec): _____

Fuel Type:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Minimum Pressure Drop Across Catalyst (psi):…….. _____

Maximum Pressure Drop Across Catalyst (psi):…… _____

Catalyst Material:…….. _____

Form of Catalyst:…….. _____

Minimum Expected Life of Catalyst: _____

Units:…… _____

Volume of Catalyst (ft3):…….. _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing? _____

Control Device Inventory Information
For:
Oxidizer (Catalytic)
(Continued from previous page)

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus? _____

Comments:…… _____

Control Device Inventory Information
For:
Oxidizer (Thermal)

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Minimum Chamber Temperature (deg F): _____

Minimum Residence Time (sec): _____

Fuel Type:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Particulate Filter (Baghouse)

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Number of Bags:…….. _____

Size of Bags (ft2):…… _____

Total Bag Area (ft2):…… _____

Bag Fabric:…… _____

Fabric Weight (oz/ft):…… _____

Fabric Weave:…… _____

Fabric Finish:…… _____

Maximum Design Temperature Capability (deg F):…….. _____

Maximum Design Air Flow Rate (acfm): _____

Draft Type:…… _____

Maximum Air Flow Rate to Cloth Area Ratio:…… _____

Minimum Operating Pressure Drop (in. H2O):…….. _____

Maximum Operating Pressure Drop (in. H2O):…….. _____

Method of Monitoring Pressure Drop: _____

Maximum Inlet Temperature (deg F): _____

Minimum Inlet Temperature (deg F): _____

Dew Point of Gas Stream (deg F): _____

Maximum Operating Exhaust Gas Flow Rate (acfm):…… _____

Control Device Inventory Information
For:
Particulate Filter (Baghouse)
(Continued from previous page)

Maximum Inlet Gas Stream Moisture Content (%):…… _____

Method for Determining When Bag Replacement is Required:…… _____

Method for Determining When Cleaning is Required:…….. _____

Method of Bag Cleaning:…….. _____

Is Bag Cleaning Conducted On-Line? _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached a Particle Size Distribution Analysis?…….. _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?……. _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Particulate Filter (Cartridge)

CD_____

Make:…….. _____

Manufacturer:…….. _____

Model:…… _____

Number of Cartridges:…….. _____

Size of Cartridges (ft2):…… _____

Total Cartridge Area (ft2):…… _____

Maximum Design Temperature Capability (deg F):…….. _____

Maximum Design Air Flow Rate (acfm): _____

Maximum Air Flow Rate to Filter Area Ratio: _____

Minimum Operating Pressure Drop (in. H2O): _____

Maximum Operating Pressure Drop (in. H2O): _____

Maximum Inlet Temperature (deg F):…… _____

Maximum Operating Exhaust Gas Flow Rate (acfm):…… _____

Method for Determining When Cartridge Replacement is Required:…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly:…….. _____

Have you attached a Particle Size Distribution Analysis?…… _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Control Device Inventory Information
For:
Particulate Filter (Cartridge)
(Continued from previous page)

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Particulate Filter (HEPA)

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Filter Description:…….. _____

Total Filter Area (ft2):…… _____

Maximum Design Temperature Capability (deg F):…… _____

Maximum Design Air Flow Rate (acfm): _____

Maximum Air Flow Rate to Filter Area Ratio: _____

Minimum Operating Pressure Drop (in. H2O): _____

Maximum Operating Pressure Drop (in. H2O): _____

Maximum Inlet Temperature (deg F): _____

Maximum Operating Exhaust Gas Flow Rate (acfm):…… _____

Method for Determining When Filter Replacement is Required:…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached a Particle Size Distribution Analysis?…….. _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Control Device Inventory Information
For:
Particulate Filter (HEPA)
(Continued from previous page)

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Particulate Filter (Other)

CD_____

Make:…….. _____

Manufacturer:…….. _____

Model:……. _____

Filter Description:…… _____

Total Filter Area (ft2):…… _____

Maximum Design Temperature Capability (deg F):…… _____

Maximum Design Air Flow Rate (acfm): _____

Maximum Air Flow Rate to Filter Area Ratio: _____

Minimum Operating Pressure Drop (in. H2O): _____

Maximum Operating Pressure Drop (in. H2O): _____

Maximum Inlet Temperature (deg F): _____

Maximum Operating Exhaust Gas Flow Rate (acfm):…… _____

Method for Determining When Filter Replacement is Required:…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached a Particle Size Distribution Analysis?…… _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Control Device Inventory Information
For:
Particulate Filter (Other)
(Continued from previous page)

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Scrubber (Multi-Stage)

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Number of Stages:…….. _____

Is the Scrubber used for Particulate Control? _____

Is the Scrubber used for Gas Control? _____

Is the Scrubber Equipped with a Mist Eliminator?…….. _____

Minimum Pump Discharge Pressure (in. H2O): _____

Maximum Pump Discharge Pressure (in. H2O): _____

Method of Monitoring Pump Discharge Pressure:…….. _____

Minimum Pump Current (amps):…… _____

Maximum Pump Current (amps):…… _____

Method of Monitoring Pump Current: _____

Minimum Scrubber Medium Inlet Pressure (in. H2O):…….. _____

Minimum Operating Liquid Flow Rate (gpm) for each stage:…….. _____

Maximum Operating Liquid Flow Rate (gpm) for each stage:…….. _____

Method of Monitoring Liquid Flow Rate: _____

Minimum Operating Gas Flow Rate (acfm): _____

Maximum Operating Gas Flow Rate (acfm): _____

Method of Monitoring Gas Flow Rate: _____

Minimum Operating Pressure Drop (in. H2O): _____

Control Device Inventory Information
For:
Scrubber (Multi-Stage)
(Continued from previous page)

Maximum Operating Pressure Drop (in. H2O): _____

Method of Monitoring Pressure Drop: _____

Relative Direction of the Gas-Liquid Flow: _____

Maximum Inlet Gas Temperature (deg F): _____

Maximum Outlet Gas Temperature (deg F): _____

Inlet Particle Grain Loading (gr/dscf): _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Scrubber (Other)

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Scrubber Type:…… _____

Description:…… _____

Is the Scrubber used for Particulate Control? _____

Is the Scrubber used for Gas Control? _____

Is the Scrubber Equipped with a Mist Eliminator?…… _____

Minimum Pump Discharge Pressure (in. H2O): _____

Maximum Pump Discharge Pressure (in. H2O): _____

Method of Monitoring Pump Discharge Pressure:…….. _____

Minimum Pump Current (amps):…… _____

Maximum Pump Current (amps):…… _____

Method of Monitoring Pump Current: _____

Minimum Scrubber Medium Inlet Pressure (in. H2O):…….. _____

Minimum Operating Liquid Flow Rate (gpm): _____

Maximum Operating Liquid Flow Rate (gpm): _____

Method of Monitoring Liquid Flow Rate: _____

Minimum Operating Gas Flow Rate (acfm): _____

Maximum Operating Gas Flow Rate (acfm): _____

Method of Monitoring Gas Flow Rate: _____

Minimum Operating Pressure Drop (in. H2O): _____

Control Device Inventory Information
For:
Scrubber (Other)
(Continued from previous page)

Maximum Operating Pressure Drop (in. H2O): _____

Method of Monitoring Pressure Drop: _____

Relative Direction of the Gas-Liquid Flow: _____

Number of Plates:…… _____

Type of Plates:…….. _____

Spacing Between Plates (in.):…… _____

Maximum Inlet Gas Temperature (deg F): _____

Maximum Outlet Gas Temperature (deg F): _____

Inlet Particle Grain Loading (gr/dscf): _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Scrubber (Packed Tower)

CD_____

Make:…….. _____

Manufacturer:…….. _____

Model:…… _____

Is the Scrubber used for Particulate Control?…… _____

Is the Scrubber used for Gas Control? _____

Is the Scrubber Equipped with a Mist Eliminator?…….. _____

Minimum Pump Discharge Pressure (in. H2O):…… _____

Maximum Pump Discharge Pressure (in. H2O):…… _____

Method of Monitoring Pump Discharge Pressure:…….. _____

Minimum Pump Current (amps): _____

Maximum Pump Current (amps): _____

Method of Monitoring Pump Current: _____

Minimum Scrubber Medium Inlet Pressure (in. H2O):…… _____

Minimum Operating Liquid Flow Rate (gpm):…… _____

Maximum Operating Liquid Flow Rate (gpm):…… _____

Method of Monitoring Liquid Flow Rate: _____

Minimum Operating Gas Flow Rate (acfm):…… _____

Maximum Operating Gas Flow Rate (acfm):…… _____

Control Device Inventory Information
For:
Scrubber (Packed Tower)
(Continued from previous page)

Method of Monitoring Gas Flow Rate: _____

Minimum Operating Pressure Drop (In H2O):…… _____

Maximum Operating Pressure Drop (In H2O):…… _____

Method of Monitoring Pressure Drop: _____

Relative Direction of the Gas-Liquid Flow:…….. _____

Height of Packed Section (ft): _____

Type of Packing Material:…… _____

Size of Packing Material:…… _____

Tower Diameter (ft):…… _____

Total Tower Height (ft):…… _____

Maximum Operating Temperature of the Inlet Gas (deg F):…… _____

Maximum Operating Temperature of the Exhaust Gas (deg F):…… _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing?…… _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…….. _____

Control Device Inventory Information
For:
Scrubber (Venturi)

CD_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Is the Scrubber used for Particulate Control?…… _____

Is the Scrubber used for Gas Control? _____

Is the Scrubber Equipped with a Mist Eliminator?…….. _____

Minimum Pump Discharge Pressure (in. H2O):…… _____

Maximum Pump Discharge Pressure (in. H2O):…… _____

Method of Monitoring Pump Discharge Pressure:…… _____

Minimum Pump Current (amps): _____

Maximum Pump Current (amps): _____

Method of Monitoring Pump Current: _____

Minimum Scrubber Medium Inlet Pressure (in. H2O):…… _____

Minimum Operating Liquid Flow Rate (gpm):…… _____

Maximum Operating Liquid Flow Rate (gpm):…… _____

Method of Monitoring Liquid Flow Rate: _____

Minimum Operating Gas Flow Rate (acfm):…… _____

Maximum Operating Gas Flow Rate (acfm):…… _____

Control Device Inventory Information
For:
Scrubber (Venturi)
(Continued from previous page)

Method of Monitoring Gas Flow Rate: _____

Minimum Operating Pressure Drop (in. H2O):…….. _____

Maximum Operating Pressure Drop (in. H2O):…… _____

Method of Monitoring Pressure Drop: _____

Throat Length (in):…….. _____

Throat Diameter (in):…….. _____

Liquid Introduction Mechanism: _____

Type of Nozzle:…… _____

Maximum Inlet Gas Temperature (deg F): _____

Maximum Outlet Gas Temperature (deg F):…… _____

Inlet Particle Grain Loading (gr/dscf): _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Have you attached data from recent performance testing? _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

Control Device Inventory Information
For:
Selective Catalytic Reduction (SCR)

CD_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Minimum Temperature at Catalyst Bed (deg F): _____

Maximum Temperature at Catalyst Bed (deg F): _____

Minimum Temperature at Reagent Injection Point (deg F):…… _____

Maximum Temperature at Reagent Injection Point (deg F):…….. _____

Type of Reagent:…….. _____

Chemical Formula of Reagent:…… _____

Minimum Reagent Charge Rate (gpm): _____

Maximum Reagent Charge Rate (gpm): _____

Minimum Concentration of Reagent in Solution (% Volume):…… _____

Minimum NOx to Reagent Mole Ratio: _____

Maximum NOx to Reagent Mole Ratio: _____

Maximum Anticipated Ammonia Slip (ppm): _____

Type of Catalyst:…… _____

Volume of Catalyst (ft3):…… _____

Form of Catalyst:…… _____

Anticipated Life of Catalyst:…… _____

Units:…… _____

Have you attached a catalyst replacement schedule?…… _____

Control Device Inventory Information
For:
Selective Catalytic Reduction (SCR)
(Continued from previous page)

Method of Determining Breakthrough: _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly:..... _____

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus? _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?..... _____

Comments:..... _____

Control Device Inventory Information
For:
Selective Non-Catalytic Reduction (SNCR)

CD_____

Make:…….. _____

Manufacturer:…….. _____

Model:……. _____

Minimum Temperature at Reagent Injection Point (deg F):…….. _____

Maximum Temperature at Reagent Injection Point (deg F):…….. _____

Type of Reagent:……. _____

Description:……. _____

Minimum Concentration of Reagent in Solution (% Volume):……. _____

Minimum Reagent Charge Rate (gpm): _____

Maximum Reagent Charge Rate (gpm): _____

Maximum NOx to Reagent Mole Ratio: _____

Number of Reagent Injectors: _____

Location of Reagent Injectors: _____

Reagent Injection Method:……. _____

Maximum Anticipated Ammonia Slip (ppm):……. _____

Description of Feedback System which Controls the Amount of Reagent Charged to the Control Apparatus: _____

Maximum Number of Sources Using this Apparatus as a Control Device (Include Permitted and Non-permitted Sources): _____

Alternative Method to Demonstrate Control Apparatus is Operating Properly: _____

Control Device Inventory Information
For:
Selective Non-Catalytic Reduction (SNCR)
(Continued from previous page)

Have you attached any manufacturer's data or specifications in support of the feasibility and/or effectiveness of this control apparatus?…… _____

Have you attached a diagram showing the location and/or configuration of this control apparatus?…… _____

Comments:…… _____

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Control Device Operating Scenario/BPOS Step Information Forms (Detail Windows)

The enclosed forms are to be filed in conjunction with the AIMS-001 series of forms. The forms are to be used as an alternative to filing an electronic application for Air Pollution Control Permits/Certificates, and Operating Permits utilizing the Department's RADIUS software.

These sheets are provided for your use and may be copied and retained for any future submittals. It is suggested that you maintain the entire set of forms and copy sheets as needed. For your information the package contains the following forms:

Operating Scenario/BPOS Step Information
For:
All Control Devices

U_____ BP_____
OS_____ BPOS_____
BPOS Step_____

Control Device Efficiency Table

Control Device NJID: _____ _____ _____

	1st Control Device Efficiency			2nd Control Device Efficiency			3rd Control Device Efficiency		
Pollutant Category	**Efficiency (%)**			**Efficiency (%)**			**Efficiency (%)**		
	Capture	**Removal**	**Overall**	**Capture**	**Removal**	**Overall**	**Capture**	**Removal**	**Overall**
PM-10									
TSP									
VOC									
NOx									
SO2									
CO									
Pb									
HAPs (Total)									
Other (Total)									
Individual HAPs/Other (speciate below)									

Operating Scenario/BPOS Step Information
For:
Condenser

U_____ **BP**_____
OS_____ **BPOS**_____
BPOS Step_____

CD_____

Vapor Pressure Table

Contaminant	Pollutant Category	Vapor Pressure (mmHg)

Vapor Pressure of Mixture (mmHg): _____

Operating Scenario/BPOS Step Information
For:
Oxidizer (Catalytic)

U_____ BP_____
OS_____ BPOS_____
BPOS Step_____

Maximum Feed Rate to the Oxidizer (tons/hr): _____

Oxygen Content in Exhaust (%O2): _____

CO Concentration in Exhaust (ppmvd): _____

Total VOC Concentration in Exhaust (ppmvd): _____

Operating Scenario/BPOS Step Information
For:
Oxidizer (Thermal)

U_____ BP_____
OS_____ BPOS_____
BPOS Step_____

CD_____

Maximum Feed Rate to the Oxidizer (lbs/hr): _____

Maximum Air Supply Flow Rate (acfm): _____

Minimum Air Supply Flow Rate (acfm): _____

Oxygen Content in Exhaust (%O2): _____

CO Concentration in Exhaust (ppmvd): _____

Total VOC Concentration in Exhaust (ppmvd): _____

Operating Scenario/BPOS Step Information
For:
Scrubber (Multi-Stage)

U_____ BP_____
OS_____ BPOS_____
BPOS Step_____

CD_____

Pollutant Table

Chemical Name	Pollutant Category	Solubility (g/ml of scrubbing media)

Operating Scenario/BPOS Step Information
For:
Scrubber (Multi-Stage)
(Continued from previous page)

Scrubbing Medium Table

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Liquid Recirculation Method:					
Liquid Being Used for Absorption:					
Chemical Additive in Scrubbing Medium:					
Minimum Concentration of Chemical Additive (%):					
Maximum Concentration of Chemical Additive (%):					
How is the Activity of the Scrubbing Medium Maintained?					
Maximum pH:					
Minimum pH:					
Maximum Oxidation Reduction Potential (mV):					
Minimum Oxidation Reduction Potential (mV):					

Operating Scenario/BPOS Step Information
For:
Scrubber (Other, Packed Tower, and Venturi)

U_____ BP_____
OS_____ BPOS_____
BPOS Step_____

CD_____

Liquid Recirculation Method: _____

Liquid Being Used for Absorption: _____

Chemical Additive in Scrubbing Medium: _____

Minimum Concentration of Chemical Additive (%):…… _____

Maximum Concentration of Chemical Additive (%):…… _____

How is the Activity of the Scrubbing Medium Maintained?…… _____

Maximum pH:…….. _____

Minimum pH:…….. _____

Maximum Oxidation Reduction Potential (mV):…….. _____

Minimum Oxidation Reduction Potential (mV):…….. _____

Operating Scenario/BPOS Step Information
For:
Scrubber (Other, Packed Tower, and Venturi)
(Continued from previous page)

Pollutant Table

Chemical Name	Pollutant Category	Solubility (g/ml of scrubbing media)

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Equipment Inventory Information Forms (Detail Windows)

The enclosed forms are to be filed in conjunction with the AIMS-001 series of forms. The forms are to be used as an alternative to filing an electronic application for Air Pollution Control Permits/Certificates, and Operating Permits utilizing the Department's RADIUS software.

These sheets are provided for your use and may be copied and retained for any future submittals. It is suggested that you maintain the entire set of forms and copy sheets as needed. For your information the package contains the following forms:

Equipment Inventory Information
For:
Air Stripper

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information

For:
Asphalt Manufacturing Dryer

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Maximum Rated Gross Heat Input (MMBtu/hr): _____

Maximum Processing Capacity (lbs/hr): _____

Process Type:…… _____

Description:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment? _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Asphalt Composition Table

Constituents	Maximum %
Sand	
Crushed Stone	
Liquid Asphalt	
Reclaimed Asphalt Pavement (RAP)	
Other	

Equipment Inventory Information
For:
Bakery Oven

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Maximum Rated Gross Heat Input (MMBtu/hr)…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each contaminant in ppmvd @ 7%O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Boiler

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Maximum Rated Gross heat Input (MMBTU/hr):…… _____

Boiler Type:…… _____

Utility Type:…… _____

Output Type:…… _____

Steam Output (lb/hr):…… _____

Fuel Firing Method:…… _____

Description (if other):…… _____

Draft Type:…… _____

Heat Exchange Type:…… _____

Is the boiler using?
(check all that apply)

Low NOx Burner:…… _____ **Type:** _____

Staged Air Combustion:…… _____

Flue Gas Recirculation (FGR):……. _____ **Amount (%):** _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Combustion Turbine

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Type of Turbine:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Type of Cycle:…… _____

Industrial Application:…….. _____

Power Output:…… _____

Units:…… _____

Is the combustion turbine using?

A Dry Low NOx Combustor…….. _____

Steam Injection…… _____

Steam to Fuel Ratio…… _____

Water Injection…… _____

Water to Fuel Ratio…… _____

Other…… _____

Description:…… _____

Is the turbine Equipped with a Duct Burner?…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Heated (CH))

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Does the degreaser have a visible high level liquid mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle / Flushing Wand Pressure (psi):…… _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded?…… _____

Is the degreaser equipped with a thermostat to maintain VOC below the Boiling Point?…… _____

Degreasing Solution Type:…… _____

Chemical Name of Solution:…… _____

Maximum Temperature of the Cleaning Solution (deg F): _____

Boiling Point of the Cleaning Solution (deg F): _____

Have you Attached the MSDS for the Cleaning Solution? _____

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim? _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Heated (CH))
(Continued from previous page)

When not in active use, is the cleaner protected from draft by covers over the conveyor inlet and outlet ports and/or other openings?……. _____

When in active use, is the cleaner protected from draft by silhouette cutouts or hanging flaps which minimize the effective opening at the conveyor inlet and outlet ports? _____

Have you attached a diagram showing the location and/or configuration of this equipment?…….. _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Unheated (CU))

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Does the degreaser have a visible high level liquid mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle Pressure / Flushing Wand(psi):…… _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded?…… _____

Degreasing Solution Type: _____

Chemical Name of Solution: _____

Maximum Temperature of the Cleaning Solution (deg F):…… _____

Boiling Point of the Cleaning Solution (deg F):…… _____

Have you Attached the MSDS for the Cleaning Solution? _____

When not in active use, is the cleaner protected from draft by covers over the conveyor inlet and outlet ports and/or other openings? _____

When in active use, is the cleaner protected from draft by silhouette cutouts or hanging flaps which minimize the effective opening at the conveyor inlet and outlet ports? _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Unheated (CU))
(Continued from previous page)

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim?…….. _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Vapor or Super-Heated Vapor (CV))

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Does the degreaser have a visible high level liquid mark? _____

Does the degreaser have a visible high level vapor mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle Pressure / Flushing Wand (psi): _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded? _____

Degreasing Solution Type: _____

Chemical Name of Solution: _____

Have you Attached the MSDS for the Cleaning Solution? _____

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim? _____

Maximum Heat Input Rate into Liquid Bath (Btu/hr): _____

Is the degreaser equipped with a freeboard chiller? _____

Equipment Inventory Information
For:
Degreaser (Conveyorized: Vapor or Super-Heated Vapor (CV))
(Continued from previous page)

Coolant used in Chiller: _____

Maximum Temperature of the Cooling Fluid in Chiller (deg F): _____

Temperature in Super-Heated Vapor Zone (deg F): _____

Have you attached a diagram showing the location and/or configuration of this equipment? _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Degreaser (Open Top: Heated (OTH))

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Does the degreaser have a visible high level liquid mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle Pressure / Flushing Wand (psi):…… _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded?…… _____

Is the degreaser equipped with a cover to prevent the vapors from diffusing while not in use?…… _____

Type of Cover:…… _____

Freeboard Height (ft.):…….. _____

Freeboard Ratio:…….. _____

Length of Top Opening (ft.):…… _____

Width of Top Opening (ft.):…… _____

Area of Top Opening (ft.2):…… _____

Is the degreaser equipped with a thermostat to maintain VOC temperature below the boiling point? _____

Degreasing Solution Type:…… _____

Chemical Name of Solution: _____

Equipment Inventory Information
For:
Degreaser (Open Top: Heated (OTH))
(Continued from previous page)

Maximum Temperature of the Cleaning Solution (deg F):…… _____

Boiling Point of the Cleaning Solution (deg F):…… _____

Have you Attached the MSDS for the Cleaning Solution? _____

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim?…….. _____

Have you attached a diagram showing the location and/or configuration of this equipment? _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Degreaser (Open Top: Unheated (OTU))

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Does the degreaser have a visible high level liquid mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle / Flushing Wand Pressure (psi): _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded?…… _____

Is the degreaser equipped with drain rack?…… _____

Is the degreaser equipped with a cover to prevent the vapors from diffusing while not in use? _____

Type of Cover:…… _____

Freeboard Height (ft.):…… _____

Freeboard Ratio:…… _____

Length of Top Opening (ft.): _____

Width of Top Opening (ft.): _____

Area of Top Opening (ft2): _____

Degreasing Solution Type: _____

Chemical Name of Solution: _____

Equipment Inventory Information
For:
Degreaser (Open Top: Unheated (OTU))
(Continued from previous page)

Have you Attached the MSDS for the Cleaning Solution? _____

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim?…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Degreaser (Open Top: Vapor or Super-Heated Vapor(OTV))

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Does the degreaser have a visible high level liquid mark? _____

Does the degreaser have a visible high level vapor mark? _____

Is the degreaser equipped with spray nozzles / flushing wand? _____

Maximum Nozzle / Flushing Wand Pressure (psi):…… _____

Does the flushing wand produce any VOC droplets or mist? _____

Is the degreaser equipped with an agitator that causes splashing? _____

How is the degreaser loaded and unloaded?…… _____

Is the degreaser equipped with drain rack?…… _____

Freeboard Height (ft.):…… _____

Freeboard Ratio:…….. _____

Length of Top Opening (ft.):…….. _____

Width of Top Opening (ft.):…… _____

Area of Top Opening (ft2):…… _____

Degreasing Solution Type:…… _____

Chemical Name of Solution:…….. _____

Have you Attached the MSDS for the Cleaning Solution? _____

Equipment Inventory Information
For:
Degreaser (Open Top: Vapor or Super-Heated Vapor(OTV))
(Continued from previous page)

Are there any local exhaust systems located within 36 inches of the degreaser's emission point? _____

Are there any positive pressure sources located within 20 feet of the degreaser's tank rim? …… _____

Maximum Heat Input Rate into Liquid Bath (Btu/hr):…….. _____

Is the degreaser equipped with a freeboard chiller? _____

Coolant used in Chiller:……. _____

Maximum Temperature of the Cooling Fluid in Chiller (deg F): _____

Temperature in Super-Heated Vapor Zone (deg F):…….. _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:……. _____

Equipment Inventory Information
For:
Duct Burner

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Equipment Type Description: _____

Maximum Rated Gross Heat Input (MMBtu/hr):…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Include Emission Rates on the Potential to Emit Screen for each contaminant in ppmvd @ 7%O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Dry Cleaning Equipment

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Dry Cleaning Equipment Type: _____

Describe:…….. _____

Generation of Equipment (1st,2nd,3rd, etc...):…… _____

Load Capacity (lbs):…… _____

Air Pollution Control Type:…… _____

Describe:…… _____

Chemical Name of Dry Cleaning Solvent Used:…… _____

Maximum Dry Cleaning Solvent used per Year (gallons):…… _____

Cycle Time of Equipment (hours/batch): _____

Comments:…….. _____

Equipment Inventory Information
For:
Surface Coating Dryer

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Dryer Type:…… _____

Heating Method:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…… _____

Maximum % Sulfur content in Fuel: _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Emergency Generator

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Will the equipment be used in excess of 500 hours per year? _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Fuel Combustion (Other Equipment)

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Equipment Type Description:…… _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Type of Heat Exchange:…….. _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each contaminant in ppmvd @ 7%O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Glass Manufacturing Furnace

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Type of Heat Exchange:…….. _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each contaminant in ppmvd @ 7%O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Incinerator

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Unit Type:…… _____

Description:…… _____

Waste Category:…… _____

Description:…… _____

Maximum Waste Processing Capacity: _____

Units:…….. _____

Physical State of Waste being Incinerated: _____

Primary Chamber Maximum Gross Heat Input from Fuel (MMBtu/hr, HHV): _____

Primary Chamber Maximum Primary Air (acfm):…….. _____

Primary Chamber Maximum Gas Flow Rate (acfm):…… _____

Primary Chamber Volume (ft3): _____

Primary Chamber Minimum Design Operation Temperature (deg F): _____

Primary Chamber Minimum Gas Residence Time (sec): _____

Secondary Chamber Maximum Gross Heat Input from Fuel (MMBtu/hr, HHV): _____

Secondary Chamber Maximum Primary Air (acfm):…… _____

Secondary Chamber Maximum Gas Flow Rate (acfm):…… _____

Secondary Chamber Volume (ft3): _____

Equipment Inventory Information
For:
Incinerator
(Continued from previous page)

Secondary Chamber Minimum Design Operation Temperature (deg F): _____

Secondary Chamber Minimum Gas Residence Time (sec): _____

Secondary Chamber Maximum Outlet Air Flow Rate (acfm): _____

Secondary Chamber Minimum Outlet Temperature (deg F): _____

Type of Plume Suppression: _____

Do you have a Bypass Stack? _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each Contaminant in ppmvd @ 7% O2, lbs/MMBtu, and grains/dscf (PM10 and TSP only) in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Manufacturing and Materials Handling Equipment

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Type of Manufacturing and Materials Handling Equipment: _____

Capacity:…… _____

Units:…… _____

Description (if other):…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Municipal Solid Waste Landfill

E_____

Solid Waste Facility Permit Number: _____

Year Opened:…….. _____

Solid Waste Facility Permit Issuance Date:……. _____

Expected Year of Closure:…….. _____

Actual Year of Closure:……. _____

Total Design Area (acres):…… _____

Total Design Capacity (Megagrams): _____

Active Area (acres):…….. _____

Capped Area (acres):…… _____

Is the Landfill Lined?……. _____

Was the site used for the disposal of Hazardous Waste? _____

Was there ever co-disposal of Industrial Waste or reason to believe that the Waste Stream into the Landfill contained large amounts of Industrial Waste or volatile compounds from commercial sources?…… _____

Maximum Estimated Landfill Gas Generation Rate during the life of the Landfill (ft^3/yr):…… _____

Model used to estimate Landfill Gas Production:…… _____

Is there a Landfill Gas Pre-Treatment System?…….. _____

Method of Landfill Gas Pre-Treatment: _____

Design Capacity of Landfill Gas Collection System (acfm): _____

Overall Collection Efficiency (%): _____

Equipment Inventory Information
For:
Municipal Solid Waste Landfill
(Continued from previous page)

Landfill Gas Mover/Blower Size (hp): _____

Number of Extraction Wells: _____

Extraction Well Diameter (ft): _____

Extraction Well Depth (ft): _____

Extraction Well Overlap (%): _____

Extraction Well Operating Vacuum (in. H2O): _____

Landfill Gas

Have you attached Actual Landfill Gas Analysis?…….. _____

Have you attached a waste deposition history (provide tons deposited for each operating year)? _____

Have you attached a layout (plan view) of the wells and header piping? _____

Comments:…….. _____

Equipment Inventory Information
For:
Municipal Solid Waste Landfill
(Continued from previous page)

Landfill Gas Constituents Table

Pollutant	Concentration	Units
Methane		
Chlorides		
Non-Methane Hydrocarbons		
H2S		
Mercaptans		
Amines		
CO2		
Mercury		

Equipment Inventory Information
For:
Other Equipment

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Equipment Type:…… _____

Capacity:…….. _____

Units:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Printing Press (Graphic Arts)

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Type of Press:…… _____

Does this Press use Fountain Solution? _____

Maximum Consumption of Fountain Solution (lbs/gal): _____

Density of VOC in the Fountain Solution (lbs/gal):…… _____

Maximum % volume of VOC as Applied in the Fountain Solution: _____

Maximum % Volume of Water in the Fountain Solution: _____

Maximum Temperature of the Fountain Solution (deg F):…… _____

Solution Used for Cleaning the Press: _____

Maximum Cleaning Solution used in any one hour. (gal/hr):…….. _____

Maximum Cleaning Solution used in a year. (gal/yr):…….. _____

Density of VOC in the Cleaning Solution (lbs/gal):…… _____

Have you Attached the MSDS for the Fountain and Cleaning Solutions? _____

Comments:…….. _____

Equipment Inventory Information
For:
Printing Press (Newspaper)

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Type of Press:…… _____

Does this Press use Fountain Solution? _____

Maximum Consumption of Fountain Solution (gal/yr): _____

Density of VOC in the Fountain Solution (lbs/gal):…….. _____

Maximum % volume of VOC as Applied in the Fountain Solution: _____

Maximum % Volume of Water in the Fountain Solution: _____

Maximum Temperature of the Fountain Solution (deg F):…… _____

Solution Used for Cleaning the Press: _____

Maximum Cleaning Solution used in any one hour. (gal/hr):…… _____

Maximum Cleaning Solution used in a year. (gal/yr):…… _____

Density of VOC in the Cleaning Solution (lbs/gal):…….. _____

Have you Attached the MSDS for the Fountain and Cleaning Solutions? _____

Comments:……..- _____

Equipment Inventory Information
For:
Process Heater

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Equipment Type Description: _____

Maximum Rated Gross Heat Input (MMBtu/hr): _____

Draft Type:…….. _____

Firing Method:…… _____

Is the Process Heater using?

Low NOx Burner…….. _____

Type of Low NOx Burner:…….. _____

Flue Gas Recirculation (FGR)…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each contaminant in ppmvd @ 7%O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Soil Venting Equipment

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Equipment Type:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Soil Vapor Extraction Equipment – Pilot Test

E_____

Make:…… _____

Manufacturer:…… _____

Model:…… _____

Equipment Type:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Equipment Inventory Information
For:
Stationary Internal Combustion Engine

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Maximum Rated Gross Heat Input (MMBtu/hr):…….. _____

Class:…… _____

Duty:…….. _____

Description:…… _____

Load Range (%):…… _____

Stroke:…… _____

Power Output (BHP):…….. _____

Electric Output (KW):…… _____

Compression Ratio:…… _____

Ignition Type:…… _____

Engine Speed (RPM):…… _____

Engine Exhaust Temperature (deg F): _____

Air to Fuel Ratio at Peak Load: _____

Lambda Factor (scfm/scfm):…….. _____

Brake Specific Fuel Consumption at Peak Load (Btu/BHP-hr): _____

Output Type:…….. _____

Heat to Power Ratio:…… _____

Is the Engine Using a Turbocharger? _____

Is the Engine Using an Aftercooler? _____

Equipment Inventory Information
For:
Stationary Internal Combustion Engine
(Continued from previous page)

Is the Engine Using (check all that apply):

A Prestratified Charge (PSC)…… _____

A NOx Converter…… _____

Air to Fuel Adjustment (AF)…….. _____

Ignition Timing Retard……. _____

Low Emission Combustion…….. _____

Non-Selective Catalytic Retard (NSCR) _____

Other…….. _____

Description:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

Include Emission Rates on the Potential to Emit Screen for each Contaminant in grams/BHP-hr and ppmdv @7% O2 in addition to lbs/hr and tons/yr.

Equipment Inventory Information
For:
Sterilizer

E_____

Make:…… _____

Manufacturer:…….. _____

Model:…… _____

Equipment Type:…….. _____

Maximum Ethylene Oxide Use (Tons/Year):…… _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Storage Vessel

E_____

What type of contents is this storage vessel equipped to contain by design? _____

Storage Vessel Type:…… _____

Design Capacity:…… _____

Units:…….. _____

Ground Location:…… _____

Is the shell of the Equipment Exposed to Sunlight?…….. _____

Shell Color:…… _____

Description (if other):…… _____

Shell Condition:…… _____

Paint Condition:…….…... _____

Shell Construction:…….… _____

Is the Shell Insulated?…… _____

Type of Insulation:…….…. _____

Insulation Thickness (in.):…… _____

Thermal Conductivity of Insulation [(BTU)(in.)(hr.)(ft^2)(deg. F)]: _____

Shape of Storage Vessel:…… _____

Shell Height (From Ground to Roof Bottom)(ft): _____

Length (ft):…… _____

Width (ft):…… _____

Diameter (ft):…… _____

Other Dimension

Description:…… _____

Value:…….. _____

Equipment Inventory Information
For:
Storage Vessel
(Continued from previous page)

Units:…….. _____

Fill Method:…… _____

Description (if other): _____

Maximum Design Fill Rate: _____

Units:…… _____

Does the storage vessel have a roof or an open top? _____

Roof Type:…… _____

Roof Height (From Roof Bottom to Roof Top) (ft): _____

Roof Construction:…….. _____

Primary Seal Type:…… _____

Secondary Seal Type:…… _____

Total Number of Seals: _____

Roof Support:……... _____

Does the storage vessel have a Vapor Return Loop?…… _____

Does the storage vessel have a Conservation Vent? _____

Have you attached a diagram showing the location and/or the configuration of this equipment? _____

Have you attached any manufacturer's data or specifications to aid the Dept. in its review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Surface Coating (Fabric Material)

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Method of Application:…… _____

Description:…… _____

Have you attached a diagram showing the location and/or configuration of this equipment? _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…… _____

Equipment Inventory Information
For:
Surface Coating (Non-Fabric Material)

E_____

Make:…… _____

Manufacturer:…… _____

Model:…….. _____

Method of Application: _____

Description:…… _____

Spray Type:……... _____

Have you attached a diagram showing the location and/or configuration of this equipment?…… _____

Have you attached any manufacturer's data or specifications which may aid in the review of this application? _____

Comments:…….. _____

New Jersey Department of Environmental Protection
Air Quality Permitting Program

Equipment Emission Unit/Operating Scenario Information Forms (Detail Windows)

The enclosed forms are to be filed in conjunction with the AIMS-001 series of forms. The forms are to be used as an alternative to filing an electronic application for Air Pollution Control Permits/Certificates, and Operating Permits utilizing the Department's RADIUS software.

These sheets are provided for your use and may be copied and retained for any future submittals. It is suggested that you maintain the entire set of forms and copy sheets as needed. For your information the package contains the following forms:

Emission Unit Information
For:
Air Stripper

U_____

E_____

Air Stripping

Largest Concentration (ppb) of a Toxic Air Pollutant as included in NJAC 7:27-17 (Group I):…….. _____

Total Concentration (ppb) of VOC (VOC includes Toxics and HAPs): _____

Maximum water Flow Rate (gpm): _____

Source of Water to be Treated: _____

Source of Contamination:……. _____

Does this operation receive Public Funding?……. _____

Type of Monitor/Recorder used: _____

Have you attached a copy of a Laboratory Analysis? (This should present the highest level of contamination in the wastewater to be treated.)…….. _____

Emission Unit Information
For:
Soil Venting Equipment

U_____

E_____

Soil Venting

Remediation Type:…… _____

Maximum Air Flow Rate for this Operation (acfm):…….. _____

Maximum Duration of this Project: _____

Units:…… _____

Does this operation receive Public Funding? _____

Type of Monitor/Recorder used: _____

Have you attached a copy of a Laboratory Analysis? (This should present the highest level of contamination in the wastewater to be treated.)…… _____

Comments:…… _____

Emission Unit Information
For:
Soil Vapor Extraction Equipment – Pilot Test

U_____

E_____

Soil Vapor Extraction

Remediation Site Name:…….. _____

Location of Remediation on Site:…… _____

Applicants Designation of Pilot Test:…….. _____

Reason for Pilot Test:…….. _____

Estimated Pilot Test Start Date:…… _____

Estimated Length of Full Clean-Up:…… _____

Units:…… _____

Is this Pilot Test on Existing SVE Equipment? _____

Explain:…… _____

Type of Contamination:…….. _____

Source of Contamination:…….. _____

Minimum Depth of contamination below the surface (ft.):…… _____

Maximum Depth of contamination below the surface (ft.):…… _____

Maximum Volume of Gas Discharged (acfm): _____

Maximum Operating hours per day: _____

Maximum Operating hours for the Pilot Test: _____

Reason for Length of Pilot Test:…… _____

Will Air Injection be Performed?…….. _____

Air Injection Type:…… _____

Maximum Injection Rate (acfm):…… _____

Emission Unit Information
For:
Soil Vapor Extraction Equipment – Pilot Test
(Continued from previous page)

Minimum Vapor Extraction / Air Injection Ratio: _____

Will Air Injection occur without simultaneous Vapor Extraction?…… _____

Hours of Air Injection per Day:…….. _____

Depth below the surface where Air Injection will take place (ft.):…… _____

Length of Air Injection Project:…… _____

Purpose of Air Injection:…….. _____

Methods of Monitoring Emissions: _____

Comments:…….. _____

Soil Vapor Extraction Table

If contamination is from a gasoline spill, contaminants may be listed as Benzene (a Group I TXS) and "Other Petroleum Hydrocarbons."
If contaminants are NOT from a gasoline spill, list the top five (5) contaminants with their associated information.

Chemical Name	Pollutant Category	Maximum Concentration of contaminant in vapor stream extracted from soil (ppmv)	Check if this contaminant is regulated under NJAC 7:27-17 (TXS Group I)

Emission Unit Information
For:
Stage II Gasoline Storage

U_____

E_____

Stage II Gasoline Storage

What is the Average Annual Throughput dispensed from all storage vessels (gallons)? _____

For a collective Average Monthly Annual Throughput of greater than 10,000 gallons:

Type of Stage II Recovery System (Vapor Balance or Vacuum Assisted): _____

Are these Stage II controls California Air Resources Board (CARB) certified? _____

If not CARB certified, explain:…….. _____

Comments:……. _____

Operating Scenario Information
For:
Asphalt Manufacturing Dryer

U_____
OS_____

E_____

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amt. Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas	
Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel (%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Operating Scenario Information
For:
Asphalt Manufacturing Dryer
(Continued from previous page)

Comments:……

Operating Scenario Information
For:
Bakery Oven

U_____
OS_____

E_____

Baker's % Yeast: _____

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas	
Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture

Operating Scenario Information
For:
Bakery Oven
(Continued from previous page)

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel (%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Comments:……

Operating Scenario Information
For:
Boiler

U_____
OS_____

E_____

Primary Fuel

Is this fuel a Blend?…….. _____

Fuel Category:…….. _____

Fuel Type:……. _____

Description (if other)…… _____

Amount of Sulfur in Fuel (%): _____

Amount of Ash in Fuel (%): _____

Fuel Heating Value:……. _____

Units:……. _____

Estimated Maximum Amount of Fuel Burned Annually:……. _____

Units:……. _____

Estimated Actual Amount of Fuel Burned Annually…….. _____

Units:……. _____

Amount of Oxygen in Flue Gas (%): _____

Amount of Moisture in Flue Gas (%): _____

Comments:…… _____

Operating Scenario Information
For:
Boiler
(Continued from previous page)

Fuel Blend Composition Table

Fuel			Fuel Heating Value		% Composition in Blend	Sulfur in Fuel (%)	Ash in Fuel (%)
Fuel Category	Fuel Type	Description	Value	Units			

Operating Scenario Information
For:
Boiler
(Continued from previous page)

Waste Fuel

Facility Designation of Waste Fuel: _____

Waste Source (specific process): _____

Is Waste Generated on Site? _____

Is site Authorized by NJDEP to accept Waste?…….. _____

Method of Waste Generation: _____

Amount Generated per Batch: _____

Batches Per Year:…….. _____

Amount Generated per Day: _____

Amount Generated per Year: _____

Is Waste a listed Hazardous Waste? _____

NJ Hazardous Waste Number: _____

Waste Type:…… _____

Flash Point (deg F):…… _____

BS&W (% volume):…… _____

Maximum Waste Burning Rate : _____

Units:…… _____

Burning Rate of Commercial Fuel: _____

Units:…….. _____

Residence Time in the Fire Box (sec.): _____

Temperature in the Fire Box (deg. F): _____

What is the minimum destruction efficiency of Hydrocarbons from the waste stream (%)?…… _____

Have you attached record keeping procedures for monitoring the waste burned?…… _____

Operating Scenario Information
For:
Boiler
(Continued from previous page)

Have you attached a description of how the waste feed rate will be continuously monitored?……..

Waste Fuel Constituents Table

Constituents	Concentration (ppmw)	% Weight
Total Halogens		
PCBs		
Sulfur		
Arsenic		
Beryllium		
Cadmium		
Chromium		
Lead		
Mercury		
Nickel		
Nitrogen		

Waste Fuel - Other Constituents Table

Other Constituents (if >1% by weight)	Concentration (ppmw)	% Weight

Operating Scenario Information
For:
Boiler
(Continued from previous page)

Landfill Gas

Have you attached Actual Landfill Gas Analysis?…… _____

Is Landfill Gas Generated on Site? _____

Is there intermediate storage of the Landfill Gas prior to combustion? _____

Maximum Waste Burning Rate: _____

Units:…… _____

Is the Landfill Gas pre-treated/cleaned prior to combustion? _____

Method of pre-treatment/cleaning: _____

Landfill Gas Constituents Table

Pollutant	Concentration	Units
Amines		
Chlorides		
CO2		
H2S		
Mercaptans		
Mercury		
Methane		
Non-Methane Hydrocarbons		

Operating Scenario Information
For:
Combustion Turbine, Fuel Combustion (Other Equipment), and Stationary Internal Combustion Engine (S.I.C.E.)

U_____
OS_____

E_____

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas	
Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel(%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Operating Scenario Information
For:
Combustion Turbine, Fuel Combustion (Other Equipment),
and Stationary Internal Combustion Engine (S.I.C.E.)
(Continued from previous page)

Waste Fuel

Facility Designation of Waste Fuel: _____

Waste Source (specific process): _____

Is Waste Generated on Site? _____

Is Waste a listed Hazardous Waste? _____

NJ Hazardous Waste Number: _____

Method of Waste Generation: _____

Amount Generated per Batch: _____

Batches Per Year:…….. _____

Amount Generated per Day: _____

Amount Generated per Year: _____

Is site Authorized by NJDEP to accept waste? _____

Waste Type:…… _____

Flash Point (deg F):…… _____

BS&W (% volume):…… _____

Maximum Waste Burning Rate : _____

Units:…….. _____

Burning Rate of Commercial Fuel: _____

Units:…….. _____

Have you attached record keeping procedures for monitoring the waste burned?……... _____

Have you attached a description of how the waste feed rate will be continuously monitored?…… _____

Operating Scenario Information
For:
Combustion Turbine, Fuel Combustion (Other Equipment),
and Stationary Internal Combustion Engine (S.I.C.E.)
(Continued from previous page)

Waste Fuel Constituents Table

Constituents	Concentration (ppmw)	% Weight
Total Halogens		
PCBs		
Sulfur		
Arsenic		
Beryllium		
Cadmium		
Chromium		
Lead		
Mercury		
Nickel		
Nitrogen		

Waste Fuel - Other Constituents Table

Other Constituents (if >1% by weight)	Concentration (ppmw)	% Weight

Operating Scenario Information
For:
Combustion Turbine, Fuel Combustion (Other Equipment), and Stationary Internal Combustion Engine (S.I.C.E.)
(Continued from previous page)

Landfill Gas

Have you attached Actual Landfill Gas Analysis?…… _____

Is Landfill Gas Generated on Site? _____

Is there intermediate storage of the Landfill Gas prior to combustion? _____

Maximum Waste Burning Rate: _____

Units:…… _____

Is the Landfill Gas pre-treated/cleaned prior to combustion?…… _____

Method of pre-treatment/cleaning: _____

Landfill Gas Constituents Table

Pollutant	Concentration	Units
Methane		
Chlorides		
Non-Methane Hydrocarbons		
H2S		
Mercaptans		
Amines		
CO2		
Mercury		

Comments:…… _____

Operating Scenario Information
For:
All Degreasers

U_____
OS_____

E_____

Items Being Cleaned:…… _____

Operating Scenario Information
For:
Duct Burner, and Process Heater

U_____
OS_____

E_____

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas	
Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel (%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Operating Scenario Information
For:
Duct Burner, and Process Heater
(Continued from previous page)

Landfill Gas

Have you attached Actual Landfill Gas Analysis?…… _____

Is Landfill Gas Generated on Site? _____

Is there intermediate storage of the Landfill Gas prior to combustion? _____

Maximum Waste Burning Rate: _____

Units:…… _____

Is the Landfill Gas pre-treated/cleaned prior to combustion? _____

Method of pre-treatment/cleaning: _____

Landfill Gas Constituents Table

Pollutant	Concentration	Units
Methane		
Chlorides		
Non-Methane Hydrocarbons		
H2S		
Mercaptans		
Amines		
CO2		
Mercury		

Comments:…… _____

Operating Scenario Information
For:
Surface Coating Dryer

U_____
OS_____

E_____

Operating Temperature of Dryer (deg F): _____

% VOC in Coating Emitted During Drying: _____

Comments:…… _____

Operating Scenario Information
For:
Emergency Generator

U_____
OS_____

E_____

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year	
Fuel	Description			Value	Units	Value	Units	Value	Units

Operating Scenario Information
For:
Glass Manufacturing Furnace

U_____
OS_____

E_____

Furnace & Glass Information

Furnace Type:…….. _____

Glass Type:…….. _____

Description:…… _____

Cullet In Feed (%):…… _____

Does the glass manufactured contain lead?…….. _____

Lead in Glass (%):…… _____

Electric Boost (%):…… _____

Operating Scenario Information
For:
Glass Manufacturing Furnace
(Continued from previous page)

Fuel Information Table

Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas	
Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel(%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Comments:……

Operating Scenario Information
For:
Incinerator

U_____
OS_____

E_____

Fuel Information Table

	Fuel Type		Sulfur in Fuel (%)	Ash in Fuel (%)	Fuel Heating Value		Maximum Amount Burned per Year		Estimated Actual Amount Burned per Year		Flue Gas		Minimum Operating Temperature (oF)	Gross Heat Input from the waste burned (MMBTU/hr)
	Fuel	Description			Value	Units	Value	Units	Value	Units	% O2	% Moisture		
Primary Chamber														
Secondary Chamber														

Fuel Blend Composition Table

Fuel Type		Fuel Heating Value		% Composition in Blend	Sulfur in Fuel (%)	Ash in Fuel (%)
Fuel	Description	Value	Units			

Operating Scenario Information
For:
Incinerator
(Continued from previous page)

Waste Fuel Being Incinerated

Waste Type:…… _____

Facility Designation of Waste Fuel: _____

Waste Source (specific process): _____

Is Waste Generated on Site? _____

Is Waste a listed Hazardous Waste? _____

NJ Hazardous Waste Number: _____

Method of Waste Generation: _____

Amount Generated per Batch: _____

Batches Per Year:…….. _____

Amount Generated per Day: _____

Amount Generated per Year: _____

Is site Authorized by NJDEP to accept waste?…….. _____

Flash Point (deg F):…… _____

BS&W (% volume):…… _____

Overall Destruction and Removal Efficiency of the Waste (%): …….. _____

Maximum Waste Burning Rate : _____

Units:…… _____

Burning Rate of Commercial Fuel: _____

Units:…… _____

Does the Waste contain Radioactive materials?…… _____

Have you attached record keeping procedures for monitoring the waste burned?…… _____

Operating Scenario Information
For:
Incinerator
(Continued from previous page)

Have you attached a description of how the waste feed rate will be continuously monitored?…… _____

Comments…… _____

Waste Fuel Constituents Table

Constituents	Concentration (ppmw)	% Weight
Total Halogens		
PCBs		
Sulfur		
Arsenic		
Beryllium		
Cadmium		
Chromium		
Lead		
Mercury		
Nickel		
Nitrogen		

Waste Fuel - Other Constituents Table

Other Constituents (if >1% by weight)	Concentration (ppmw)	% Weight

Operating Scenario Information
For:
Manufacturing & Material Handling

U_____
OS_____

E_____

Volume of Gas Discharged from this Source (acfm):…… _____

Raw Materials

Contaminant	CAS Number	Physical State	Molecular Weight	Does the material contain VOC's?	% Weight	Vapor Pressure @ 70 oF (mmHg)	Organic Liquid Density	Units

Operating Scenario Information
For:
Other Equipment, and Sterilizers

U_____
OS_____

E_____

Volume of Gas Discharged from this Source (acfm): _____

Raw Materials

Contaminant	Pollutant Category	Physical State	Vapor Pressure @ 70 oF (mmHg)	Organic Liquid Density (lbs/gal)	% Weight	CAS Number	Molecular Weight

Operating Scenario Information
For:
Printing Press (Graphic Arts)

U_____
OS_____

E_____

Objects being Printed:…….. _____

Material of Objects being Printed: _____

VOC Content in Ink as applied (after thinning) (lbs/gal):…….. _____

Type of Ink Being Applied: _____

Maximum Ink used (gal/hr): _____

Maximum Ink used (gal/day): _____

Maximum Ink used (gal/yr): _____

Maximum % Weight of VOC in Ink as applied:…… _____

Maximum % Weight of Water in Ink as applied:…… _____

Maximum % Volume of VOC in Ink as applied:…… _____

Maximum % Volume of VOC in Ink Emitted:…… _____

Maximum % Volume of Water in Ink as applied:…… _____

Have you Attached the MSDS for the Ink?…… _____

Comments:…….. _____

Operating Scenario Information
For:
Printing Press (Newspaper)

U_____
OS_____

E_____

VOC Content in Ink as applied (after thinning) (lbs/gal):…….. _____

Type of Ink Being Applied:…….. _____

Maximum Ink used (gal/hr):…… _____

Maximum Ink used (gal/day):…….. _____

Maximum Ink used (gal/yr):…… _____

Maximum % Weight of VOC in Ink as applied:…… _____

Maximum % Weight of Water in Ink as applied:…… _____

Maximum % Volume of VOC in Ink as applied:…… _____

Maximum % Volume of VOC in Ink Emitted:…… _____

Maximum % Volume of Water in Ink as applied:…… _____

Have you Attached the MSDS for the Ink?…… _____

Comments:…….. _____

Operating Scenario Information
For:
Storage Vessel

U_____
OS_____

E_____

Content Name:…… _____

CAS Number:…… _____

Is the Content Under Pressure? _____

Pressure (PSIG):…….. _____

Physical State:…… _____

Estimated Average Working Volume: _____

Units:…….. _____

Density of Contents:…… _____

Units:…… _____

Estimated Minimum Storage Temperature (deg. F):…….. _____

Estimated Maximum Storage Temperature (deg. F):…… _____

Estimated Average Storage Temperature (deg. F):…… _____

Does the Content Contain VOC's?: _____

Organic Density:…… _____

Units:…….. _____

Molecular Weight (Lbs/Lbs-Mole): _____

Vapor Pressure at Average Storage Temperature (PSIA):…….. _____

Vapor Pressure at 70 deg F (mmHg): _____

Estimated Average Annual Throughput: _____

Units:…….. _____

Operating Scenario Information
For:
Storage Vessel
(Continued from previous page)

Estimated Maximum Annual Throughput:…… _____

Units:…… _____

Operating Scenario Information
For:
Surface Coating (Fabric Material)

U_____
OS_____

E_____

Material being Coated:…….. _____

VOC Content in Coating as applied (lb/gal):……. _____

Fabric Weight (oz/yd):…… _____

Wet Pick-Up (%):……... _____

Type of Coating Being Applied: _____

Maximum coating used (gal/hr): _____

Maximum coating used (gal/day): _____

Maximum coating used (gal/yr): _____

VOC Content in Coating Formulation (gals/batch):……. _____

Dry Solids Content in Coating Formulation (lbs/batch):……. _____

Resin Content in Coating Formulation (%): _____

Type of Resin:…….. _____

Maximum % Weight of VOC in Coating: _____

Maximum % Weight of Solids in Coating: _____

Maximum % Weight of Water in Coating: _____

Maximum % Volume of VOC in Coating: _____

Maximum % Volume of Solids in Coating: _____

Maximum % Volume of Water in Coating: _____

Fabric Throughput (yards/min):……. _____

Cooling Air (acfm):……. _____

Operating Scenario Information
For:
Surface Coating (Fabric Material)
(Continued from previous page)

Yards of fabric per 100 lbs. of Coating Formulation:…….. _____

Operating Hours per Day:…….. _____

Operating Hours per Week:……. _____

Have you Attached the MSDS for the Coating?……. _____

Operating Scenario Information
For:
Surface Coating (Non-Fabric Material)

U_____
OS_____

E_____

Objects being Coated:…….. _____

Material of Objects being Coated: _____

VOC Content in Coating as applied (after thinning) (lbs/gal):…… _____

Density of Coating as applied (after thinning) (lbs/gal):…… _____

Type of Coating Being Applied: _____

Maximum coating used (gal/hr): _____

Maximum coating used (gal/day): _____

Maximum coating used (gal/yr): _____

% VOC in Coating Emitted During Process:…… _____

% Overspray (Fraction of the solid component of the Coating Material that does not adhere to the object when the Coating is sprayed. Usually 10-15% for a Booth in good operating condition. About 20% for an old unit.):……. _____

Maximum % Weight of VOC in Coating: _____

Maximum % Weight of Solids in Coating: _____

Maximum % Weight of Water in Coating: _____

Maximum % Volume of VOC in Coating: _____

Maximum % Volume of Solids in Coating: _____

Maximum % Volume of Water in Coating: _____

Operating Hours per Day:…….…. _____

Operating Scenario Information
For:
Surface Coating (Non-Fabric Material)
(Continued from previous page)

Operating Hours per Week:…….. _____

Have you Attached the MSDS for the Coating?…… _____

Comments:…….…. _____